PLEASE NOTE: E

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO. 0649-0815P

YOU MUST
COMPLETE TH
FOLLOWING:
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As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	RESIN COMP	OSITION						
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto,							
Information - For Use Without	the specification	n was filed on		as				
Specification	United States Appl	ication Number		; and /or				
Attached:	the specification was filed on <u>April 23, 2001</u> as PCT							
		ication Number PCT/		; and was				
		CT Article 19 on		f applicable)				
	I hereby state that I have	e reviewed and understa	and the contents of the abo	ove identified specification				
S. .	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37,							
	Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before							
	I do not know and do no my or our invention thereof,							
n 1	our invention thereof or mos							
	on sale in the United States of	f America more than one	year prior to this application	n, that the invention has not				
The same of the sa	been patented or made the st country foreign to the Unite							
	assigns more than twelve mor							
<u> </u>	patent or inventor's certifica							
e e e e e e e e e e e e e e e e e e e	America prior to this applica	tion by me or my legal re	epresentatives or assigns, ex	cept as follows.				
			tle 35, United States Code,					
ä	application(s) for patent or application for patent or inv							
	priority is claimed:		P B					
Insert Přigrity Informațien:	• •	- (a)	•	Duiania, Claimad				
(if appropriate)	Prior Foreign Application P. 2000-123499	Japan	April/25/2000	Priority Claimed				
Sagrandin.	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(21, -1, -)	(Country)	(Month/Day/Year Filed)	— Ö Ö				
F	(Number)	(Country)	(Mondi, Day, real Flied)	Yes No □				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
			(March /Day (March File I)					
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)	—— D Yes No				
	I hereby claim the bene	fit under Title 35, Unite	d States Code, §119(e) of a					
Insert Provisional	application(s) listed below.							
Application(s):	(Application Number)			ng Date)				
(if any)	(Application (Valider)		,	5 22.07				
	(Application Number)		(Fil	ng Date)				
	All Foreign Applications, it	any, for any Patent or	Inventor's Certificate Filed	d More Than 12 Months (6				
	Months for Designs) Prior	To The Filing Date of 7						
Insert Requested Information:	Country		Application No.	Date of Filing (Month/Day/Year				
(if appropriate)								
	I hereby claim the bene	fit under Title 35, Unite	d States Code, §120 of any	United States application(s)				
	listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the							
	prior United States application in the manner provided by the first paragraph of Title 35, United States Code							
	§112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37							
	Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:							
Insert Prior U.S.	and the haddhardried in	critational tiling date of	ань аррисацон.					
Application(s):	(Application Number)	(Filing Da	te) (Status -	patented, pending, abandoned)				
(if any)	···							
	(Application Number)	(Filing Da	tc) (Sans-	(Status - patented, nending abandoned)				

0649-0815P

I hereby appoint of following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and addemark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

					•		
Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Inventor: Insert Name of Inventor		77.10	Hiroshi Kan		December 17,		
Insert Date This Document is Signed		KAMO.	Herome Han		2001		
Insert Résidence	Residence (City, State	& Country)		CITIZENSHIP			
Insert Ctizenship	<u>Çhiba</u> , Japar	\mathcal{I}		Japan			
¥1.	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Insert Post Office Address	3-10-1-5-33, Fukuodai, Sodegaura-shi, Chiba 299-0261 Japan						
a	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Full Name of Second Inventor, if any:							
see above	Residence (City, State	& Country)		CITIZENSHIP			
1	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
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•	GIVEN NAME	EAN AILY NIAN AF	INVENTOR'S SIGNATURE		DATE*		
Full Name of Third Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE		
see above	Residence (City, State	& Country)	1	CITIZENSHIP			
		a 300//////		O. T. L. L. T. G. T. T.	ì		
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			<u>,</u>				
Full Name of Fourth	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Inventor, if any							
see above	Residence (City, State	& Country)	<u>*</u>	CITIZENSHIP	<u> </u>		
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Full Name of Fifth Inventor, if any	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
ř			İ				
see above	Residence (City, State	& Country)	<u> </u>	CITIZENSHIP			
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* DATE OF SIGNATURE